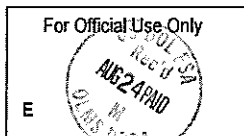


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

|  |  |
|--|--|
| 1. File Number U - <u>11578</u>  | 2. Fiscal Year Covered From:<br><div>1 / 1 / 2004 Through: 12 / 31 / 2004</div>  |
| 3. Name and address of person filing.<br>Name <u>Jerry</u> <u>W</u> <u>Thornsberry</u><br><br>P.O. Box, Bldg., Room No., if any<br><br>Street <u>217 Birch Hollow</u><br>City <u>Portsmouth</u><br>State <u>Ohio</u> ZIP Code + 4 <u>45662</u> | 4. Name, file number, and address of labor organization.<br>Name <u>Millwrights &amp; Machin. Erectrs Local No. 1519</u><br>Labor Organization File Number <u>537313</u><br>P.O. Box, Building and Room Number, if any<br><br>Street <u>1910 County Road 1</u><br>City <u>South Point</u><br>State <u>Ohio</u> ZIP Code + 4 <u>45680</u> |
| 5. Position in labor organization.   |  |

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

|  |   |
|--|---|
| A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. |   |
| 6. Name and address of Employer (including trade name, if any).<br>Name<br>Trade Name, if any:<br>P.O. Box, Bldg., Room No., if any<br>Street<br>City<br>State ZIP Code + 4  | 7.a. Nature of Interest, Transaction, or Income.<br><br><br><br>7.b. Amount<br><br><br> |

### Signature

|  |                              |   |
|--|------------------------------|---|
| 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.) |                              |   |
| Signed <u>Jerry W Thornsberry</u>  | On <u>Aug 13. 05</u><br>Date | <u>740 776-0063</u><br>Telephone Number |

|  |                |
|--|----------------|
| Name of Person Filing <b>Jerry Thornsberry</b> | File Number U- |
|--|----------------|

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

|   |  |
|---|--|
| <p>8. Name and address of Business (including trade name, if any).</p> <p>Name <b>Construction Industry Health and Welfare Pla</b></p> <p>Trade Name, if any: <b>for Millwrights Local No. 1519</b></p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street <b>333 W. Vine Street, Suite 500</b></p> <p>City <b>Lexington</b></p> <p>State <b>Kentucky</b> ZIP Code + 4 <b>40507</b></p> | <p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p> |
| <p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>  | <p>11.a. Nature of such dealing.</p> <p>Trustee reimbursement for attendance at Trustee Meeting held February 19, 2004.</p>  |
|   | <p>11.b. Approximate dollar value of such dealing. <b>\$17</b></p>   |
|   | <p>12.a. Nature of interest held or income received.</p> <p>Reimbursement for one half of mileage expense at .375 per mile to attend February 2004 Committee Meeting.</p>            |
|   | <p>12.b. Amount. <b>\$17</b></p>   |

|   |                                 |
|---|---------------------------------|
| <p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>   |                                 |
| <p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p> | <p>14.a. Nature of payment.</p> |
| <p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>  | <p>14.b. Amount of payment.</p> |

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name Millwrgts &amp; Mach. Erctrs Local 1519 Annuity

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 333 W. Vine Street, Suite 500

City Lexington

State Kentucky ZIP Code + 4 40507

## 9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

## 11.a. Nature of such dealing.

Trustee reimbursement for attendance at Trustee Meeting held February 19, 2004.

## 11.b. Approximate dollar value of such dealing.

\$17

## 12.a. Nature of interest held or income received.

Reimbursement for one half of mileage expense at .375 per mile to attend February 2004 Committee Meeting.

## 12.b. Amount.

\$17

LABOR/NATIONAL ACCOUNTS ENTERTAINMENT  
JANUARY 1, 2004 THROUGH DECEMBER 31, 2004

| EVENT DATE | EVENT NAME      | TICKET LOCATION | EVENT ATTENDEES<br>COMPANY NAME - GUEST NAME | # OF<br>TICKETS | PRICE PER<br>TICKET | SUITE<br>FOOD/BEV. | TOTAL<br>VALUE | COMMENTS |
|------------|-----------------|-----------------|--|-----------------|---------------------|--------------------|----------------|----------|
| 9/19/04    | Cincinnati Reds | GABP 108        | Milwighis Local 1619 - Jerry Thomsberry      | 6               | \$20.00             | \$0.00             | \$120.00       |          |

TOTAL P.03

P.03

RECEIVED FROM:5136848120

11:41

03-14-05

P.03

5136848120

MEDICAL MUTUAL

11:49 03-14-2005